

# 2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 445212

FILED  
Mar 20, 2009  
Secretary of State

Entity Name: A-1 CONSTRUCTION CO. INC. BUILDING CONTRACTORS

**Current Principal Place of Business:**

440 S MARKET AVE  
FT PIERCE, FL 34982

**New Principal Place of Business:**

**Current Mailing Address:**

440 S MARKET AVE  
FT PIERCE, FL 34982

**New Mailing Address:**

FEI Number: 59-1520618      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

SAULS (RICHARD M.)  
ROUTE 4, BOX 223  
OKEECHOBEE, FL      US

**Name and Address of New Registered Agent:**

The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_ Date

Election Campaign Financing Trust Fund Contribution ( ).

**OFFICERS AND DIRECTORS:**

Title: P      ( ) Delete  
Name: BLACK, PATRICIA K  
Address: 14300 ORANGE AVE  
City-St-Zip: FORT PIERCE, FL 34945

Title: V      ( ) Delete  
Name: BLACK, PHILIP D.,  
Address: 4479 S 25TH STREET  
City-St-Zip: FORT PIERCE, FL 34981

Title: T      ( ) Delete  
Name: BLACK, LARRY E,  
Address: 10117 SPYGLASS LANE  
City-St-Zip: PORT SAINT LUCIE, FL 34986

Title: S      ( ) Delete  
Name: BLACK, DAVID R,  
Address: 4801 SEAGRAPE DRIVE  
City-St-Zip: FT. PIERCE, FL 34982

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title:      ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title:      ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title:      ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title:      ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: LARRY E. BLACK

T

03/20/2009

Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date